

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

2w (4)

Date of election if applicable:  
(Month, Day, Year)

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Amendment (Explain Below)

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CAMPAIGN FINANCE

Date Stamp

CALIFORNIA  
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Janet Elizabeth Rock

STREET ADDRESS

CA 90670

CITY STATE ZIP CODE

Santa Fe Springs CA 90670

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

562.412.1669

jrockmom@aol.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Governing Board Member Area #3 Little Lake City School District

JURISDICTION (LOCATION)

Little Lake City School District

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under ti

Executed on 7/18/2024  
DATE